

Case Number:	CM15-0166773		
Date Assigned:	09/04/2015	Date of Injury:	06/04/2013
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female, who sustained an industrial injury on June 4, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication. Currently, the injured worker complains of left knee pain and swelling, which is interfering with her sleep regimen and is altering her gait. The injured worker is currently diagnosed with left meniscal tear and patellofemoral malalignment. Her work status is total temporary disability. Physical therapy, two times a week for four weeks, for the left knee to strengthen the left quadriceps and left hip abductors, which will decrease pain and allow for improved stamina is requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 4 weeks of the left knee to help strengthen the left quadriceps and left hip abductors and to decrease pain to 2/10 so patient can tolerate walking on faster pace with bilateral weight bearing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24-25.

Decision rationale: The requested Physical therapy 2 times a week for 4 weeks of the left knee to help strengthen the left quadriceps and left hip abductors and to decrease pain to 2/10 so patient can tolerate walking on faster pace with bilateral weight bearing , is not medically necessary. CA MTUS Post-Surgical Guidelines, Knee, Pages 24-25, Meniscus Tear recommends 12 therapy sessions over 12 weeks. The injured worker has left meniscal tear and patellofemoral mal-alignment. The injured worker has been approved for 26 post-op therapy sessions, which should have provided many opportunities for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 times a week for 4 weeks of the left knee to help strengthen the left quadriceps and left hip abductors and to decrease pain to 2/10 so patient can tolerate walking on faster pace with bilateral weight bearing is not medically necessary.